

TOWN OF SOUTHAMPTON

Main Office
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968
Phone: (631) 287-5740
Fax: (631) 283-5606



OFFICE OF TOWN CLERK SUNDY A. SCHERMEYER

Town Clerk Annex
Phone: (631) 723-2712
Fax: (631) 723-3080
Website:
www.southamptontownny.gov

REQUIREMENTS FOR OPERATOR'S LICENSE: TRANSPORTATION FOR HIRE

Expires: December 31st, Midnight

License Fee: **\$100.00**
(Cash, check or money order payable to "Town of Southampton")

Fingerprinting: Please see attached new procedures.

Fees are non-refundable and due when the application is submitted.
Renewal applications submitted after January 31st is subject to a mandatory \$25.00 late fee.

Applications Accepted: Monday – Friday 8:30 AM – 2:30 PM

Location: Town Clerk's Office, 116 Hampton Road, Southampton

DOCUMENTS TO BE SUBMITTED WITH APPLICATION:

- **DOCTOR'S STATEMENT** -see attached Medical Certification form.
- **PHOTOGRAPHS**
Two (2) identical photographs (**2 x 2 head and shoulders**) taken no longer than sixty (60) days prior to submission of completed application.
- **DRIVER'S LICENSE**
Copy of applicant's valid NYS Driver's license clearly indicating the identification number and expiration date, together with authorization for the Town to conduct an examination of the applicant's driving record.

If the applicant's license is from another state, the applicant must submit an abstract from their local Department of Motor Vehicles stating that the license is equivalent to a Class E chauffeur's license as well as an abstract showing the applicant's driving history.

ADDITIONAL INFORMATION FOR NEW APPLICANTS:

FINGERPRINT PROCESSING

- 1. All new applicants and non-consecutive yearly renewals must be fingerprinted.**
- 2. Failure to have fingerprints done in timely fashion may cause a delay in the issuance of the license.**

PLEASE NOTE: Town Clerk's Additional Fees:

- Fee for notarizing application - \$1.00
- Copies per page - \$.25

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2012

APPLICATION OPERATOR'S LICENSE TRANSPORTATION FOR HIRE

For Office Use Only

License # : _____
Date: _____
Initials: _____
Business Taxi # _____

PERSONAL DATA:

Date: ____/____/____

Name: _____
Last First Middle Initial

Taxi Business Name that you are employed with: _____

Any names previously used: _____

Cell Telephone No: (____) _____ Alternate Telephone No.: _____

Address (Local): _____

Address (Legal/Mailing, if different from above): _____

- Marital Status: _____ Eye Color: _____ Hair Color: _____ Height: _____
- Weight: _____ Date of Birth: _____ Place of Birth: _____
- Social Security Number: _____
- NYS Driver's License I.D. #: _____ Class: _____
- Authorization to Conduct Examination of Driving Record: _____ YES _____ NO
- Has your Driver's License (of any class, issued by any state) been suspended or revoked within the past eighteen (18) months? _____ YES _____ NO
 - ◆ If Yes: What Court: _____ Date: _____
 - ◆ Cause: _____
- Have you been convicted of a felony, misdemeanor or violation of any municipal ordinance or local law (not including municipal traffic and/or parking violations): _____ YES _____ NO
- If Yes, explain _____

Taxi Business Name: _____

Address: _____

Federal Identification Number: _____ **Telephone No:** _____

Place of business for past five (5) years if different from above:

Name of Business/Employer: _____

Address: _____

Any previous occupational license held: _____ **Yes** _____ **No**

If Yes: **Type:** _____ **When:** _____ **Where:** _____

Suspended or revoked: _____ **Date and reason for revocation or suspension:** _____

I HAVE ANSWERED THE FOREGOING QUESTIONS TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SWEAR THAT SAID ANSWERS ARE TRUE AND ACCURATE. ANY CHANGES WITH REGARD TO INFORMATION REGARDING NAME, RESIDENCE, BUSINESS LOCATION AND/OR ANY CHANGE IN THE TELEPHONE NUMBER OF THE PERSON DESIGNATED FOR SERVICE OF LEGAL PROCESS SHALL BE REPORTED IN WRITING TO THE TOWN CLERK WITHIN SEVEN (7) DAYS OF OCCURRENCE. ALL OTHER CHANGES SHALL BE REPORTED TO THE TOWN CLERK WITHIN THIRTY (30) DAYS OF OCCURRENCE.

Signature _____ **Date** _____

Sworn to before me this _____ **day of** _____, **20** _____

Notary Public

**A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A" MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Office Use Only:

• **License mailed** _____

• **License picked up** _____

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Medical Certification Form for Taxi Operators

This is to certify that I have examined _____
(Name of applicant)

The applicant for a Southampton Taxi Operator's License, on _____,
(Date of exam)

Based on my examination reported herein,

It is my opinion that she or he:

☐ Is medically fit to safely operate a licensed taxi vehicle.

☐ Is not medically fit to safely operate a licensed taxi vehicle.

Physician Last Name, First Name

Physician's Signature

Mailing Address

Physician's License #

Phone # () _____

Physician's Stamp

THIS FORM MUST BE VALIDATED WITH AN OFFICAL STAMP BY PHYISCIAN